Public Utilities Commission

Consumer Protection and Safety Division – Transportation Enforcement Section 505 Van Ness Avenue
San Francisco, CA 94102

Fax: (415) 703-5882 Tel: 1-800-894-9444 E-Mail: CIU_INTAKE

Passenger Complaint Form – Intrastate Transportation Only

This form is available for you to send a complaint about a passenger carrier to the Public Utilities Commission. Although the Commission may not be able to resolve specific disputes between consumers and passenger carriers, it can act against a company for violations of law.

How Do We Reach Yo	ou?
Your Name:	
Your Business Name:	
Street Address:	
City: Stat	re: Zip:
Telephone:	
E-Mail Address:	
Tell Us Your Complaint	
Subject of Your Complaint:	
Safety Service Overcharge	Loss or Damage Other
Name of Company You Are Complaining About:	
Street Address:	
City: State	e: Zip:
TCP or PSC Number, if known:	
Telephone:	
Company Web Site:	
Company E-Mail Address:	

re you claiming a refund or making a loss or damage claim? If so, provide the amount: \$
low Did the Company Initially Contact You?
Pate and time transportation was provided:
Origin and Destination of your trip:
lame of driver and/or number of vehicle, if known:
lame(s) of other contact persons with company:
riefly Explain Your Problem:
PLEASE INCLUDE COPIES OF ANY AND ALL WRITTEN DOCUMENTATION PERTAINING TO YOUR COMPLAINT (ie., receipts, cancelled checks, credit ard statements, business cards, letters, etc.)
FOR OFFICE USE ONLY TICTS # Date Rec'd Inquiry Type W H T I L PCN PCS Rep: Category:

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